## SPRUCE LAKE OUTDOOR SCHOOL School/Group Reservation Form

Fill in the information below and return with the required \$200 non-refundable deposit to confirm your program dates. Deposit represents agreement to our terms: The balance of your program cost is due before your departure from Spruce Lake. \*A minimum of ten (10) participants needed for a program (either by grade or total group). Also, if you cancel your program twelve (12) weeks or less before your scheduled date, you will be responsible for 80% of the total program cost, based on the number of participants reported on your Reservation Form or the Group Update Form, whichever is most current. Keep a copy for your records.

School/Group:	Today's Date:/ /
Teacher/Contact Person:	Position:
School Address:	
City:	State: Zip:
School Phone: ()	School Web Site:
School Email:	
On-Site Contact Cell Phone:()	
Arrival Date:/ Time:	Departure Date:/ Time:
	PARTICIPANTS (Please itemize by grade when applicable
	Grade* Total
	Number
	of
<b>Spruce La</b>	
Pointing People To	
	MPORTANT: PLEASE PLAN Total number of students
	FOR MINIMUM
	OF 2 ADULTS PER 8-12
	FOR MINIMUM OF 2 ADULTS PER 8-12 STUDENTS! Number of teachers
	FOR MINIMUM  OF 2 ADULTS  PER 8-12
	FOR MINIMUM OF 2 ADULTS PER 8-12 STUDENTS! Number of teachers
FEES Select your residence program, lo	Number of teachers  Number of other adults  Total Number of Participants*
FEES Select your residence program, lo PROGRAM (circle one)	Number of teachers  Number of other adults  Total Number of Participants*
	Number of teachers  Number of other adults  Total Number of Participants*  Adging and meal preference.
PROGRAM (circle one)	Number of teachers  Number of other adults  Total Number of Participants*  Indiging and meal preference.  2-day 3-day other  (Building Name)
PROGRAM (circle one)  LODGING  (circle all that apply) Motel-s  FIRST MEAL: (circle one)	Number of teachers  Number of other adults  Total Number of Participants*  Indiging and meal preference.  2-day 3-day other  (Building Name)  Intiging Name)  Intiging Name (Circle one)  Integration of teachers  Number of teach
PROGRAM (circle one)  LODGING  (circle all that apply) Motel-s	Number of teachers  Number of other adults  Total Number of Participants*  Indiging and meal preference.  2-day 3-day other  (Building Name)  Style Dorm-style Cabins

## **RETURN TO:**

Director, *Spruce Lake Outdoor School* 5389 Route 447, Canadensis, PA 18325 **PHONE:** 800-822-7505 x 136 **Fax:** 570-595-0328 **EMAIL:** outdoorschool2024@sprucelake.org